

## Proposed Changes for the Dane County SSI MC Medicaid Contract 2005-2006

Log #	Location in 02-03 Contract	Change Submitted By	Summary of Change	Rationale	Notes on Preliminary Review	In Draft Contract	Health Plan Comments <a href="#">DHFS Comments in Blue</a>
1a	Article I – Definitions Section III. E. 5.	WCA NAMI DCMHR MHA Independence First	<p><b>Care coordination:</b> For persons with mental illness care coordination should be provided by and supervised by persons with mental health expertise.</p> <p><b>Care plan development and definition of care plan:</b> These definitions and the material in Section III. E. 5. should be revised to include the following:</p> <p>*Care plan should be developed within 30 days of the assessment</p> <p>*Consumer must be able to review initial care plan before deciding whether to opt out of the MCO</p> <p>*For persons with serious mental illness and/or substance abuse care plan should include mental health and/or substance abuse treatment, psychosocial rehabilitation services, and a crisis plan, based on the consumer's choice</p> <p>*Consumer and others involved in delivering services and providing informal supports should be involved in developing care plan</p>				

## Proposed Changes for the Dane County SSI MC Medicaid Contract 2005-2006

Log #	Location in 02-03 Contract	Change Submitted By	Summary of Change	Rationale	Notes on Preliminary Review	In Draft Contract	Health Plan Comments <a href="#">DHFS Comments in Blue</a>
<b>1b</b>	Article I – Definitions Section III. E. 5. (Continuation)	WCA NAMI DCMHR MHA Independence First	<p>*Care plan should clearly identify who will provide which services</p> <p>*Care plan should identify which services the MCO will provide and which services will be provided by others and how these services will be coordinated</p> <p>*If MCO is not providing services identified in the care plan, there should be referrals to appropriate providers (examples may be housing and vocational services) and a plan for following up on these referrals</p> <p>*Care plan should address integration of mental health and physical health care services</p> <p>*Care plan must be based on consumer choices regarding services and providers</p> <p>Consumer or guardian must sign the care plan and be given a copy</p> <p>*Copies of the care plan must be provided to all providers who are involved in providing services to the consumer pursuant to the care plan</p> <p>*MCO must ensure that services it is responsible for providing or funding under the care plan are provided to the consumer</p>				

## Proposed Changes for the Dane County SSI MC Medicaid Contract 2005-2006

Log #	Location in 02-03 Contract	Change Submitted By	Summary of Change	Rationale	Notes on Preliminary Review	In Draft Contract	Health Plan Comments <a href="#">DHFS Comments in Blue</a>
1c	Article I – Definitions Section III. E. 5. (Continuation)	WCA NAMI DCMHR MHA Independence First	<p>*Care plans for persons with serious mental illness should be reviewed at least every six months, not annually</p> <p>*Any changes in the care plan must be approved by the consumer or guardian and documented</p> <p><b>Comprehensive Assessment:</b> For persons with mental illness and/or substance abuse the assessment must be conducted by individuals with expertise in these conditions. Assessment and care planning must be done in conjunction with each other.</p> <p><b>Emergency Medical Condition:</b> Psychiatric emergency should be defined to be an acute crisis situation for the consumer which may be due to a significant loss to the person (e.g., death of a loved one, loss of child custody, etc.), as well as risk of serious physical harm to self or others.</p> <p><b>Encounter:</b> The list of services should be expanded to include non-office based mental health services such as psychosocial rehabilitation, community support programs, crisis services, case management, etc.</p>				

# **Proposed Changes for the Dane County SSI MC Medicaid Contract 2005-2006**

Log #	Location in 02-03 Contract	Change Submitted By	Summary of Change	Rationale	Notes on Preliminary Review	In Draft Contract	Health Plan Comments <a href="#">DHFS Comments in Blue</a>
1d	Article I – Definitions Section III. E. 5. (Continuation)	WCA NAMI DCMHR MHA Ind. First	<b>Recovery:</b> The definition in HFS 36.03(23) [the CCS rules]	<b>Recovery:</b> The definition in HFS 36.03(23) [the CCS rules] should be used to ensure consistency.			
2a	<b>Article III - Functions and Duties of the MCO</b>  <b>B. General Provision of Contract Services</b>	WCA NAMI DCMHR MHA Independence First	<b>1.</b> There should be a specific list of Medicaid funded mental health services; these should include evidence based services, such as ACT teams and integrated mental health and substance abuse treatment, crisis intervention, psychosocial rehabilitation, psychotherapy, including trauma specific therapy, etc. The MCO should be encouraged to fund other services such as peer support and other consumer operated programs. This information should be included in the body of the contract and not just in Addendum II.				

# **Proposed Changes for the Dane County SSI MC Medicaid Contract 2005-2006**

Log #	Location in 02-03 Contract	Change Submitted By	Summary of Change	Rationale	Notes on Preliminary Review	In Draft Contract	Health Plan Comments <a href="#">DHFS Comments in Blue</a>
2b	<b>Article III - Functions and Duties of the MCO</b>  <b>B. General Provision of Contract Services (Continuation )</b>	WCA NAMI DCMHR MHA Independence First	<b>14. [and III. C.] - Medical Necessity and Court Ordered Services</b> - It should be clarified about who decides what services a person is to receive, who will provide them, and who will fund them when the recipient is under a Chapter 51 or 55 or other court order. Under Chapters 51 and 55 the county has responsibility to provide services for persons who are under court orders and to make decisions about what services the person will receive. If the person is enrolled in an MCO, there is potential for conflict between the county and the MCO; who has the final say must be clarified so the consumer is not stuck in the middle of the conflict. This also needs to be more clearly addressed in Addendum II.				

# **Proposed Changes for the Dane County SSI MC Medicaid Contract 2005-2006**

Log #	Location in 02-03 Contract	Change Submitted By	Summary of Change	Rationale	Notes on Preliminary Review	In Draft Contract	Health Plan Comments <a href="#">DHFS Comments in Blue</a>
3a	<b>Article III - Functions and Duties of the MCO</b>  <b>E. MCO Care Management Services</b>	WCA NAMI DCMHR MHA Independence First	For comments about case management and care plans see comments above under heading of care plan development and definition of care plan. In addition, the case management provided by the MCO should be coordinated with any other case management services being provided by another provider, such as a CSP or a CCS. There also needs to be a process for resolving disputes between the MCO case manager and a case manager from another program so the consumer is not caught in the middle.				

## Proposed Changes for the Dane County SSI MC Medicaid Contract 2005-2006

Log #	Location in 02-03 Contract	Change Submitted By	Summary of Change	Rationale	Notes on Preliminary Review	In Draft Contract	Health Plan Comments <a href="#">DHFS Comments in Blue</a>
3b	Article III - Functions and Duties of the MCO  E. MCO Care Management Services (Continuation )	WCA NAMI DCMHR MHA Independence First	<b>2. Assessment</b> This new section is a significant improvement since it incorporates requirements from HFS 36, the CCS rule. However, it does not go far enough. In particular it leaves out many of the domains identified in HFS 36.16. All of the following domains should be included in a comprehensive assessment for a person with serious mental illness: life satisfaction, basic needs, social network and family involvement, community living skills, housing issues, employment, education, finances and benefits, mental health, physical health, substance abuse, trauma and significant life stressors, medications, crisis prevention and management, and legal status (e.g. guardianship, court orders, etc.). It should also include information about current providers of services, medications, use of crisis services, including emergency rooms, any history of criminal justice involvement, and hospitalizations or other institutionalizations.				

## Proposed Changes for the Dane County SSI MC Medicaid Contract 2005-2006

Log #	Location in 02-03 Contract	Change Submitted By	Summary of Change	Rationale	Notes on Preliminary Review	In Draft Contract	Health Plan Comments <a href="#">DHFS Comments in Blue</a>
4	<b>Article III - Functions and Duties of the MCO</b>  <b>F. Twenty-four Hour Coverage</b>	WCA NAMI DCMHR MHA Independence First	This section should require the provision of mental health crisis intervention services that meet the requirements of HFS 34, Subchapter III, which are the requirements for MA certification.				
5	<b>Article III - Functions and Duties of the MCO</b>  <b>O. [Should be P.] Enrollee Handbook, Education and Outreach for Newly Enrolled Recipients</b>	WCA NAMI DCMHR MHA Independence First	The handbook and/or other materials should clearly explain the opt out process plus voluntary and involuntary disenrollment criteria and procedures. Other enrollee rights, including those under Sec. 51.61, Wis. Stats. and HFS 94, Wis. Admin. Code, should be spelled out. Education and outreach activities should include access to knowledgeable individuals to ask questions and should not rely on just written materials. There should be more proactive efforts to educate consumers about their rights and responsibilities and options.				



## Proposed Changes for the Dane County SSI MC Medicaid Contract 2005-2006

Log #	Location in 02-03 Contract	Change Submitted By	Summary of Change	Rationale	Notes on Preliminary Review	In Draft Contract	Health Plan Comments <a href="#">DHFS Comments in Blue</a>
6	<b>Article III - Functions and Duties of the MCO</b>  <b>Q. Marketing and Informing Materials</b>	WCA NAMI DCMHR MHA Independence First	Again, potential enrollees should have access to knowledgeable, independent individuals to ask questions. Information about the SSI managed care initiative should also be sent to providers so they can help recipients understand what is happening and what their options are.				
7	<b>Article III - Functions and Duties of the MCO</b>  <b>R. Choice of Health Professional</b>	WCA NAMI DCMHR MHA Independence First	In addition to choice of primary health care provider, there should be choice of mental health providers and care managers and the ability to change mental health providers and care managers.				
8	<b>Article III - Functions and Duties of the MCO</b>  <b>S. Quality Assessment/Performance Improvement</b> <b>2. d. QAPI Committee</b>	WCA NAMI DCMHR MHA Independence First	<b>6.</b> At least three enrollees should be required members of the QAPI committee; they should be compensated by the MCO for their time serving on the committee.				

## Proposed Changes for the Dane County SSI MC Medicaid Contract 2005-2006

Log #	Location in 02-03 Contract	Change Submitted By	Summary of Change	Rationale	Notes on Preliminary Review	In Draft Contract	Health Plan Comments <a href="#">DHFS Comments in Blue</a>
9	<b>Article III - Functions and Duties of the MCO</b>  <b>3. Monitoring and Evaluation</b>	WCA NAMI DCMHR MHA Independence First	While it is anticipated that there will be much more discussion of this topic in the next several months, especially for the Dane County project, there must be measures of consumer recovery, both as defined by the consumer and by use of standardized objective measures. Use of the ROSA tool is strongly encouraged. Also quality medication monitoring using a process similar to that being implemented in the fee for service program is encouraged.				
10	<b>Article III - Functions and Duties of the MCO</b>  <b>4. Access</b>	WCA NAMI DCMHR MHA Independence First	Access to medications must be addressed. Any formularies and/or prior authorization processes may not be more restrictive than those used in the Medicaid fee for service program. [This should also be included in Section III. QQ. Prescription Drugs.]				

## Proposed Changes for the Dane County SSI MC Medicaid Contract 2005-2006

Log #	Location in 02-03 Contract	Change Submitted By	Summary of Change	Rationale	Notes on Preliminary Review	In Draft Contract	Health Plan Comments <a href="#">DHFS Comments in Blue</a>
11	<b>Article III - Functions and Duties of the MCO</b>  <b>AA. Coordination and Continuation of Care</b>	WCA NAMI DCMHR MHA Independence First	<p><b>1. - 3.</b> We support the language which maintains existing providers during the assessment and initial care planning process. Language should be clarified so that once the care plan has been developed which identifies service providers, the consumer then must have at least 30 days to decide whether to opt out of the MCO.</p> <p><b>8.</b> The decision to change a mental health or substance abuse treatment provider should be the enrollee's and not the MCO's.</p> <p>Continuity of care also needs to be addressed for enrollees who temporarily become ineligible for MA due to incarceration, institutionalization, or other reasons.</p>				

## Proposed Changes for the Dane County SSI MC Medicaid Contract 2005-2006

Log #	Location in 02-03 Contract	Change Submitted By	Summary of Change	Rationale	Notes on Preliminary Review	In Draft Contract	Health Plan Comments <a href="#">DHFS Comments in Blue</a>
12	<b>Article VII. Enrollment and Disenrollment</b>  <b>B. Enrollment</b>	WCA NAMI DCMHR MHA Independence First	We support the following process: Within 30 days of an individual being enrolled in the plan, the MCO must contact any existing Medicaid funded health care providers for the individual and invite them to join the network. The enrollee's assessment is completed within 60 days of enrollment (unless earlier assessment is warranted). The care plan is developed within 30 days of the completion of the assessment. The care plan clearly identifies the services and the service providers to be provided/funded by the MCO. The consumer is given at least 30 days from the development of the care plan to decide whether to opt out of the MCO. Contract language needs to more clearly describe this process.				
13a	<b>Article VII. Enrollment and Disenrollment</b>  <b>C. Disenrollment</b>	WCA NAMI DCMHR MHA Independence First	Any person disenrolling from the MCO must be given realistic information about the availability of services in the fee for service system and assistance in accessing these services if he/she does disenroll.				

## Proposed Changes for the Dane County SSI MC Medicaid Contract 2005-2006

Log #	Location in 02-03 Contract	Change Submitted By	Summary of Change	Rationale	Notes on Preliminary Review	In Draft Contract	Health Plan Comments <a href="#">DHFS Comments in Blue</a>
13b	Article VII. Enrollment and Disenrollment  C. Disenrollment (Continued)	WCA NAMI DCMHR MHA Independence First	<p><b>1. Voluntary</b> After the lock-in period enrollees should be allowed to disenroll for just cause: 1) if a service provider identified in the care plan drops out of the network and the consumer believes that the relationship with the provider is central to his/her recovery or to meet primary health care needs; 2) if access to services in the care plan is reduced by the MCO and the consumer believes that the reduction in services impairs his/her safety or interferes with meeting his/her recovery goals.</p> <p><b>2. Involuntary</b> No disenrollment should be punitive to the consumer for his/her failure to follow treatment plans or other conditions. To provide greater protection to consumers we urge that there be internal and external advocate review of any involuntary disenrollment proposed by the MCO and mediation or another informal dispute resolution process attempted before a request for disenrollment is sent to the Department.</p>				

**Proposed Changes for the Dane County SSI MC Medicaid Contract  
2005-2006**

Log #	Location in 02-03 Contract	Change Submitted By	Summary of Change	Rationale	Notes on Preliminary Review	In Draft Contract	Health Plan Comments <a href="#">DHFS Comments in Blue</a>
14	VIII. Grievance Procedures	WCA NAMI DCMHR MHA Independence First	<p>This section needs to clearly state that enrollees who are receiving services for mental illness, substance abuse, or developmental disabilities have the rights under Section 51.61, Wisconsin Statutes and HFS 94, Wisconsin Administrative Code. For violation of these rights the HFS 94 grievance procedure must be implemented and may be used in addition to the grievance procedure under the contract.</p> <p>There must be an independent external advocate available to enrollees to assist them with grievances, fair hearings, and other disputes or rights violations involving the MCO.</p>				